

EMPLOYEE TRANSACTION HISTORY CARD

- ☐ Personal Data Form
- ☐ Conditions of Appointment
- ☐ Policies (Code of Conduct, Sexual Harassment, Email, Internet, Drug Free Workplace)
- ☐ HIPPA Training
- ☐ FLSA
- ☐ I-9
- ☐ Application
- ☐ Conditions of Employment (CW/SW/CSA/HCW)
- ☐ Other
- ☐ Benefits/Payroll Information
- ☐ Background Investigations Packet

EMPLOYEE NAME	Martinez, Tony
SS# / EMPLID#	ID# 339539

EFFECTIVE DATE	ACTION	SALARY	PERM #	CURRENT CLASSIFICATION	STATUS
10-19-2010					

Notes:

Name Change

12-19-2010	Promotion	\$18.15329115	73921	CPS Invest Case Worker	Perm
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Notes:

12-19-2010 Employee Evaluation Attached FY10

4-01-2016					
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Notes:

Civil Rights

Vehicle Use Acknowledgement

10-05-2016					
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Notes:

2016 Acknowledgment of Receipt and Understanding
FY16 Governor's Code of Conduct

1-17-2017					
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Notes:

Employee Evaluation FY17

5/31/17	3%	Dis Pay Band Adjustment			
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Notes:

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Notes:

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Notes:

EMPLOYEE TRANSACTION HISTORY CARD

Martinez

EMPLOYEE NAME	VIGIL, JANAY C
SS# / EMPLID#	/ 339529

- ☒ Data Form
- ☒ ns of Appointment
- ☒ Policies (Code of Conduct, Sexual Harassment, Email, Internet, Drug Free Workplace)
- ☒ Code of Conduct/Governor's
- ☒ HIPPA Training
- ☒ FLSA
- ☒ I - 9
- ☒ Resume
- ☒ Conditions of Employment (CW/SW/CSA/HCW)
- ☒ Other
- ☒ Transcript(s)
- ☒ Background Investigations Packet

EFFECTIVE DATE	ACTION	SALARY	PERM #	CURRENT CLASSIFICATION	STATUS
9-9-13	In-Grade HIRE	\$14.17	8470	CPS Permanency Planning Case Worker	Probationary

Notes: REHIRE

9/16/13

Notes:

ACK of Respect Training
ACK of Receipt + Understanding

7/17/14

Notes:

Code of Conduct
Vehicle Use ACK
Mobile Device Acknowledgment

10/23/14

Notes:

Final EE for FY15 / Process 390 / Prob Comp 9/9/14

1/3/2015

Notes:

In-Pay Band Adjustment

10-13-2015

Notes:

FY15 Governor's Code of Conduct
2015 Acknowledgment of Receipt and Understanding

**PERSONNEL ACTION REQUEST
HUMAN RESOURCES**

cyfd

Child and Youth & Families Department

For Agency Use Only: SMART

PAR # (s): _____

Analyst: Gloria

Revised 8/18/17

Date Rec'd HR

AUG 2017

Effective Date of Action: 08/12/2017

Section 1 – Employee/Position Information

Employee Name Jenay Martinez ✓		National ID (SSN) ✓		Employee ID 339529 ✓		Work Schedule M-F 8-5	
Current Classification CPS Inv Case Worker ✓	Current Job Class Code G10243 ✓	Current Working Title CPS Inv Case Worker ✓		Current Pay Band / Grade 65 ✓	Current Pay Rate \$18.152291 ✓	Current Compa Ratio	
Current Department Number 5040010000 ✓		Current Position # 73221 ✓	Current Org Level H ✓	Current Location Espanola ✓	Current Position Status PERM ✓	Current Sort Code 5105 ✓	
New Classification	New Job Class Code	New Working Title		New Pay Band / Grade	New Pay Rate \$18.696860 ✓	New Compa Ratio	
New Department Number		New Position #	New Org Level	New Location	New Position Status	New Sort Code	

Section 2 – Type of Action Requested for Employee or Position

Employee

- ☐ Hire at Minimum
- ☐ In-Grade Hire
- ☐ Promotion
- ☐ Class Reduction
- ☐ Transfer: From _____ To: _____
- ☐ Resignation
- ☐ Retirement
- ☐ Other (Please specify in "Remarks")

Position

- ☐ Advertise Position/Request Employment List
- ☐ Create Position
- ☐ Delete Position
- ☐ Transfer Position
- ☐ Location Change
- ☐ Department Number Change
- ☐ Reclassify Position (Include PARF)
- ☒ Other (Please specify in "Remarks")

Remarks: 3% In – Pay Band Adjustment

Section 3 – Requestor and Authorization

Supervisor Name & Signature	Telephone Number	Title	Date
Middle Manager Review Name & Signature	Telephone Number	Title	Date
Division Review & Signature <i>Trish Ortiz</i>	Telephone Number 505-827-8452	Title HR Coordinator	Date
Human Resources Representative Review & Signature <i>Annette Larkin, HR Manager</i>	Approval to proceed with request: NO _____ YES <input checked="" type="checkbox"/> _____ Date: <u>8/31/17</u>		

Employee Support Services Use Only

FLSA Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt		Bargaining Unit Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Benefits Elig? <input type="checkbox"/> Yes <input type="checkbox"/> No		Retiree Re-Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Action	Reason	Date	Initials
<i>Entered</i>		<u>8/22/17</u>	<i>ESD</i>
Action	Reason	Date	Initials
Logged & Closed in HRB		Retro Pay Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes <u>8/31/17</u> Date		Retro Start Date: _____	

*✓ Jenay
8/31/17
ESD*

Quintana, Gloria, CYFD

From: Samuel, Maggie E, SPO
Sent: Friday, August 11, 2017 3:13 PM
To: Fitting, Lisa M, CYFD; Quintana, Angelina, CYFD; Larkin, Annette, CYFD
Cc: Thames, Nivia, SPO; Vigil, Desirae, SPO; Perez, Bernadette T, SPO
Subject: 690_CYFD JJS In-Band Pay Approvals

Importance: High

Hello,

The intent of this email is to inform you of the approval for the following JJS In-Band Pay Approvals:

In Pay Band	
Name	Various
Position #	Various
Classification	Various
Pay Band	Various
Current Compa Ratio	Various
Current Hourly Salary	Various
% Increase	Various
Proposed Compa Ratio	Various
Proposed Hourly Salary	Various
Effective Date	Per State Personnel General Memorandum 2011-002 (REVISED), General Memorandum dated August 19, 2014
DFA Approval Date	July 24, 2017
SPO APPROVAL Date	August 11, 2017
Governor's Office Approval Date	August 11, 2017

Please feel free to contact me if you have any questions or require any additional information.

Thank you,

Maggie E. Samuel
SPO HR Consultant
Agency HR Services
New Mexico State Personnel
2600 Cerrillos Rd
Santa Fe, NM 87505
505-476-7718 Fax 505-476-7764
MaggieE.Samuel@state.nm.us

PERSONNEL ACTION REQUEST HUMAN RESOURCES



For Agency Use Only: SMART

PAR # (s): _____

Analyst: Gloria

Revised 10/17/2014

Date Rec'd HR:



Effective Date of Action: 12/18/15 1-17-17

Section 1 – Employee/Position Information

Employee Name		National ID (SSN)		Employee ID	Work Schedule	
Jenay Vigil-Martinez				339529	M-F 8 to 5	
Current Classification	Current Job Class Code	Current Working Title		Current Pay Band / Grade	Current Pay Rate	Current Compa Ratio
CPS Invest. Case Worker	G10243	CPS Invest. Case Worker		65	18.152	0.867
Current Department Number		Current Position #	Current Org Level	Current Location	Current Position Status	Current Sort Code
5040010000		73221	G	ESPANOLA	PERM	5105
New Classification	New Job Class Code	New Working Title		New Pay Band / Grade	New Pay Rate	New Compa Ratio
New Department Number		New Position #	New Org Level	New Location	New Position Status	New Sort Code

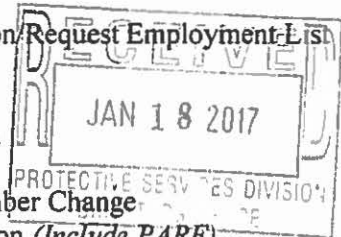
Section 2 – Type of Action Requested for Employee or Position

Employee

- ☐ Hire at Minimum
☐ In-Grade Hire
☐ Promotion
☐ Class Reduction
☐ Transfer: From _____ To: _____
☐ Resignation
☐ Retirement
☒ Other (Please specify in "Remarks")

Position

- ☐ Advertise Position/Request Employment List
☐ Create Position
☐ Delete Position
☐ Transfer Position
☐ Location Change
☐ Department Number Change
☐ Reclassify Position (Include PARF)
☐ Other (Please specify in "Remarks")



Remarks: Annual EE for FY 17

Section 3 – Requestor and Authorization

Supervisor Name & Signature Francisca Garcia-Quintana	Telephone Number (505) 753-7191	Title Investigations Supervisor	Date 1/18/17
Middle Manager Review Name & Signature Paula Dominguez	Telephone Number (505) 753-7191	Title County Office Manager	Date 1/18/17
Division Review & Signature Trish Ortiz	Telephone Number (505) 827-8452	Title Division HR Coord.	Date 1/19/17
Human Resources Representative Review & Signature <u>[Signature]</u>	Approval to proceed with request: NO YES <input checked="" type="checkbox"/> Date: <u>1-23-17</u>		

Employee Support Services Use Only

FLSA Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt		Bargaining Unit Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No (Send copy to Labor Relations Rep.)	
Benefits Elig? <input type="checkbox"/> Yes <input type="checkbox"/> No		Retiree Re-Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Action	Reason	Date	Initials
Action	Reason	Date	Initials
Remarks: <u>APS-3</u>			Retro Pay Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Retro Start Date: _____

CHILDREN, YOUTH AND FAMILIES DEPARTMENT

2016 Acknowledgment of Receipt and Understanding



PART I: Basic Information (Please Print)			
Employee Name: <i>Jenay Martinez</i>	Bureau: <i>CYFD</i>	Division: <i>PS</i>	
Employee ID#: <i>339509</i>			

PART II: Acknowledgment of Receipt and Understanding

All CYFD policies and procedures are located on the CYFD Intranet for my reference and are accessible to me. I certify that I have received a copy of the following policies. I understand that it is my responsibility to read and comply with the contents of these policies. I further understand that if I violate any CYFD policy, I am subject to discipline in accordance with CYFD policies, up to and including dismissal.

- CYFD, HRA, Part 2.1, General Working Conditions, Code of Conduct, dated October 5, 2011
- CYFD, HRA, Part 7, Employment Practices, Respect in the Workplace
- CYFD, HRA, Part 10, Internet Access and E-Mail Usage
- CYFD, HRA, Part 12, Domestic Violence and the Workplace
- CYFD, HRA, Part 11, Workers' Compensation
- CYFD, HRA, Part 8, Training

PART III: Employee Signature	
Employee Signature 	Date <i>12-5-16</i>



CODE OF CONDUCT
Adopted April 25, 2011

ACKNOWLEDGMENT
(CLASSIFIED EMPLOYEES)

I, Jenay Martinez, acknowledge that I have received, reviewed, and understand the requirements contained within the Code of Conduct approved by Governor Susana Martinez on April 25, 2011. I agree to adhere to its terms and understand that violation of those terms constitutes cause for dismissal, demotion, or suspension.

Printed name: Jenay Martinez

Signature: Jenay Martinez

Date: 12-5-16



State of New Mexico

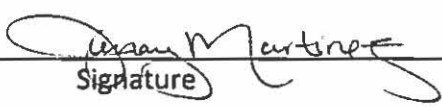
Civil Rights Acknowledgement Statement



Acknowledgement

In accordance with the requirements of Governor Susana Martinez for state of New Mexico state government employees, my signature below hereby certifies that I have completed the State Personnel Office Civil Rights training.

Signature

<u>Jenay Martinez</u>	<u>339529</u>
Name (Printed)	SHARE ID
<u></u>	<u>4-01-2016</u>
Signature	Date
<u>Children, Youth & Families Department</u>	
NM State Department/Agency	

Forward the signed Acknowledgement statement to your appropriate NM Department/Agency management to be placed in your personnel file.

Maintain a copy of the signed form in your local office files.



CHILDREN, YOUTH & FAMILIES DEPARTMENT

ADMINISTRATIVE SERVICES

POLICIES AND PROCEDURES



VEHICLE USE ACKNOWLEDGEMENT

Effective Date: March 18, 2016

P&P #: 3.26

Overview: CYFD maintains an expectation that employees conduct themselves in a professional manner that preserves the public trust. This expectation extends to the use of state vehicles in the course of official agency business. Employees are required to adhere to established policies by the NM State General Services Department, Transportation Services Division, and the CYFD Vehicle Use Policies and Procedures.

Employee Acknowledgement

"I have reviewed and understand the CYFD Vehicle Use Policies and Procedures #3.26 Revised March 18, 2016 and agree to abide by these policies and procedures. I acknowledge and understand that the New Mexico State Global Positioning Systems are installed and maintained in all CYFD State Vehicles pursuant to NMAC 1.5.3.31. I furthermore understand that CYFD may delegate to me the authority to utilize state vehicle(s) on its behalf, for official business of the State of New Mexico, locally, out of town or out of state as designated by the CYFD Cabinet Secretary. Given that authority, I agree to accept responsibility for the proper use of the state vehicle entrusted to me solely for legal, authorized and "eligible" purposes, as defined by applicable federal, state and local laws and regulations in addition to CYFD policies and procedures".

Jenay Martinez
Employee Name Printed

Date 04-01-16 SHARE Employee ID No. 339529

Jenay Martinez
Employee Signature

Date 04-01-16

Lucia Garcia Ruiz
Supervisor Signature

Date 4-1-16

**PERSONNEL ACTION REQUEST
HUMAN RESOURCES**



For Agency Use Only: SMART

PAR # (s): _____

Analyst: Ma

Revised 10/17/2014

Date Rec'd HR



Effective Date of Action: 12-18-2015 - 12/18/15

Section 1 - Employee/Position Information

Employee Name Jenay Vigil-Martinez		National ID (SSN)		Employee ID 339529	Work Schedule M-F 8 to 5	
Current Classification CPS PERM PLAN CASE WRK	Current Job Class Code G10246	Current Working Title CPS PERM PLAN CASE WRK		Current Pay Band / Grade 60	Current Pay Rate 14.575	Current Compa Ratio 1.770
Current Department Number 5040010000		Current Position # 8470	Current Org Level G	Current Location ESPANOLA	Current Position Status PERM	Current Sort Code 5105
New Classification	New Job Class Code	New Working Title		New Pay Band / Grade	New Pay Rate	New Compa Ratio
New Department Number		New Position #	New Org Level	New Location	New Position Status	New Sort Code

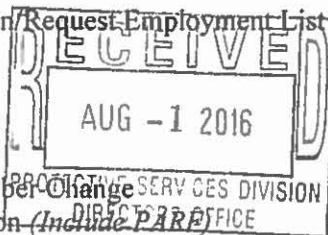
Section 2 - Type of Action Requested for Employee or Position

Employee

- ☐ Hire at Minimum
- ☐ In-Grade Hire
- ☐ Promotion
- ☐ Class Reduction
- ☐ Transfer: From _____ To: _____
- ☐ Resignation
- ☐ Retirement
- ☒ Other (Please specify in "Remarks")

Position

- ☐ Advertise Position/Request Employment List
- ☐ Create Position
- ☐ Delete Position
- ☐ Transfer Position
- ☐ Location Change
- ☐ Department Number Change
- ☐ Reclassify Position (Include PAR#)
- ☐ Other (Please specify in "Remarks")



Remarks: CLOSE-OUT EE for FY 16

Section 3 - Requestor and Authorization

Supervisor Name & Signature Jamie Martinez	Telephone Number (505) 753-7191	Title Perm. Planning Supervisor	Date
Middle Manager Review Name & Signature Paula Dominguez	Telephone Number (505) 753-7191	Title County Office Manager	Date
Division Review & Signature Trish Ortiz	Telephone Number (505) 827-8452	Title Division HR Coord.	Date
Human Resources Representative Review & Signature <i>[Signature]</i>		Approval to proceed with request: NO YES <input checked="" type="checkbox"/> Date: <u>8/31/16</u>	

Employee Support Services Use Only

FLSA Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt		Bargaining Unit Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No (Send copy to Labor	
Benefits Elig? <input type="checkbox"/> Yes <input type="checkbox"/> No		Retiree Re-Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No (Relations Rep.)	
Action	Reason	Date	Initials
		<u>8/19/16</u>	<u>WD</u>
		Date	Initials
		<u>11-7-16</u>	<u>ma</u>
		Retro Pay Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Remarks: APS-3

CYFD NAME/ADDRESS CHANGE FORM

Effective Date of Change: 10/19/15

HCM/Employee ID#: 339529

Employee's Name: Jerry Martinez

Social Sec. #: _____

If changing name, Employee's New Name: Jerry C. Martinez
(Attach Marriage Certificate, Divorce Decree or other Legal Documentation)

DOB: _____

New Address: _____

City: _____ County: Rio Arriba State: NM Zip: 87522

Home Phone: _____ Work Phone: 505-753-7191

Field Office Name/Location: Children Youth & Families Department, Espanola, NM

Emergency Contact Name: Jacob B. Martinez Relationship: Husband

Emergency Contact Phone: Home: _____ Work: _____

For ESS Use Only: Changed/Entered by: [Signature]

Date Changed/Entered: 12/29/15 Date to Payroll/Benefits: 12/29/15

PLEASE COMPLETE THE PERA CHANGES FORM ALSO

**PERSONNEL ACTION REQUEST
EMPLOYEE SUPPORT SERVICES**

For Agency Use Only: SMART

PAR # (s):

Analyst:

Revised 09/28/2006

Date Rec'd LESS



Effective Date of Action:

12/19/15

Section 1 - Employee/Position Information

Employee Name Jenay C. (Martinez) VIBIL		National ID (SSN)		Employee ID 339529	Work Schedule M-F 8-5	
Current TOG or Manager Group Title CPS Perm. Plan Case Wkr.	Current Job Class Code G10246	Current Working Title CPS PERM PLAN WKR		Current Pay Band 60	Current Pay Rate 15.784601	Current Compa Ratio .8333
Current Department Number 5040010000	Current Perm # 8470	Current Org Level G	Current Location ESPANOLA	Current Position Status PERM	Current Sort Code 5105	
New TOG or Manager Group Title CPS Invest Case Worker	New Job Class Code G10243	New Working Title CPS Invest Case Worker		New Pay Band 65	New Pay Rate 18.15229115	New Compa Ratio .866
New Department Number 5040010000	New Perm # 73221	New Org Level G	New Location ESPANOLA	New Position Status PERM	New Sort Code 5105	

Section 2 - Type of Action Requested for Employee or Position

Employee

- ☐ Hire (Retiree Reemployment? Yes ___ No ___)
☒ In-Grade Hire
☒ Promotion
☐ Class Reduction
☐ Transfer: From _____ To: _____
☐ Resignation
☐ Retirement
☐ Other (Please specify in "Remarks")

Position

- ☐ Advertise Position/Request Employment List
☐ Create Position
☐ Delete Position
☐ Transfer Position
☐ Location Change
☐ Tool Number Change
☐ Reclassify Position (Include PAQ)
☐ Other (Please specify in "Remarks")

Remarks:

Section 3 - Requestor and Authorization

Supervisor Name & Signature	Telephone Number	Title	Date
Middle Manager Review Name & Signature Paula Dominguez	Telephone Number (505) 753-7191	Title County Office Manager	Date
Division Review & Signature Trish Ortiz	Telephone Number (505) 827-8452	Title HR Coordinator	Date 12/14/15
Employee Support Representative Review & Signature	Approval to proceed with request: NO YES <input checked="" type="checkbox"/>		Date: 12-18-15

Employee Support Services Use Only

FLSA Status: ___ Exempt ___ Non-Exempt		Bargaining Unit Eligible? ___ Yes ___ No (Send copy to Labor Relations Rep.)	
Benefits Elig? ___ Yes ___ No		Retiree Re-Employment? ___ Yes ___ No	
Action	Reason	Initials	Remarks:
Date		Initials	Copy to Payroll/Benefits?
Date		Initials	Retro Pay Required: ___ Yes ___ No
Date		Initials	Retro Start Date:

Jaramilla, May, CYFD

From: Jaramilla, May, CYFD
Sent: Tuesday, December 08, 2015 5:03 PM
To: Ortiz, Trish A. A., CYFD
Subject: Promotional Increase - Jenay Vigil (Martinez)

Sensitivity: Personal

Flag Status: Completed

Good afternoon Trish,

The Promotional Increase for Jenay Vigil Martinez (CPS Investigation Case Worker / position #73221), has been approved with an hourly rate of \$18.152291 (\$37,756.76/year). The background check has been approved. An official job offer can now be made. The packet is now ready for the PAR and has been placed on the bookshelf for pick up. Please let me know if she accepts or declines the position and if accepted, what the start date will be.

Please ask the hiring supervisor to include the following in the job offer letter:

- *FLSA Status = Non-Exempt*
- *Union Status = Covered*

Please ensure that the system access form is submitted to SystemAccess@state.nm.us no later than five (5) business days prior to her first day of employment.

Please also have her complete the Personal Data Form and return it to you no later than four (4) business days prior to her first day of employment.

Should you have any questions, please feel free to contact me.

Thank you.

May Jaramilla

HR Generalist
Children, Youth and Families Department
P.O. Drawer 5160
Santa Fe, NM 87502
Office: (505) 476-0452
Fax: (505) 827-8028
may.jaramilla@state.nm.us

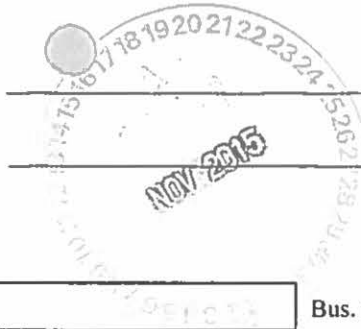
Report suspected child abuse or neglect by calling **#SAFE (#7233)** from a cell phone or **1-855-333-SAFE**.

Confidentiality Notice: This e-mail, including all attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited unless specifically provided for under the New Mexico Inspection of Public Records Act. If you are not the intended recipient, please contact the sender and destroy all copies of this message.



New Mexico State P
Personnel Action R

To Supv 11/18 To HR Dir 11/90
To ASD 11/10
To DFA _____ To SPO _____
Approval Rec'd _____
Notice To Division _____
Date rec'd _____ To HR Gen _____



Section 1 - Agency/Employee Inform

Date: Nov 18, 2015 Business Unit Name: CYFD Protective Services Bus. unit #: 69000

Employee Name: Jenay Vigil (Martinez) Empl ID: 339529 Effective Date: 12/19/15

☒ Compensation Action ☐ Recruitment Action ☐ Administrative Leave

Bargaining Unit Covered: ☐ NMMTEA ☒ AFSCME ☐ CWA ☐ Not Covered

Section 2 - Compensation Action (resume and transcripts must be attached for all compensation actions)

☐ In-grade hire (IGH) ☒ Promotional increase (PI) ☐ Salary upon temporary promotion (TPI)
☐ Salary upon reduction (employee must sign section 3) ☐ Salary upon transfer (SUT) ☐ Temporary Recruitment Differential (TREC)
☐ Out of state differential ☐ In pay band (IPB) ☐ Temporary Salary Increase (TSI)
☐ Temporary retention differential (TRET)

Section 3 - Recruitment, Assessment, Selection

Recruitment: ☐ Recruitment Waiver

Classification: CPS Permanency Planning Case Worker #8470 to CPS Investigation Case Worker #73221

Requisition number: 2015-01862

Recruitment dates: Begin: Apr 23, 2015 End: Continuous

Employee Qualifications

Education (attach transcripts):

☐ 8th grade ☐ GED ☐ High School Diploma ☐ Some College ☐ Associates ☒ Bachelors ☐ Masters ☐ Juris Doctorate ☐ PhD

Degree/Major: Psychology

Licensure/Certification (attach if applicable):

Years/Months of Related Experience:

Years

Months

2

2

Years/Months of supervisory experience (if applicable):

Years

Months

Years/Months of management experience (if applicable):

Years

Months

Total Experience:

2 years 2 months



New Mexico State Personnel Office
Personnel Action Request Form

Current	Proposed
Classification: CPS Permanency Planning Case Worker	Classification: CPS Investigation Case Worker
Pay Band: 60	Pay Band: 65
Position Number: 8470	Position Number: 73221
Hourly salary: \$15.784601	Hourly Salary: \$18.152291
Compa-Ratio (%): .833	Compa-Ratio (%): .866
Dollar amount of increase/decrease: \$2.36769	Proposed percent of increase/decrease: 15%
Multiple components of pay (MCOP): <input type="checkbox"/> MLNG <input type="checkbox"/> SUPV <input type="checkbox"/> TPI <input type="checkbox"/> TREC <input type="checkbox"/> TSI <input type="checkbox"/> TRET	
Dollar amount of MCOP:	Percent of MCOP:

Employee Signature:

If this action results in a salary reduction, I hereby agree as identified above.

Internal comparison: list employees in the same classification to whom this employee should be compared. ☐ Additional Comparisons Attached

Name:	Position Number:	Hourly:	MCOP:	Total Salary:	Education:	# of years related experience:
Jenay Vigil	73221	\$18.152291		\$18.152291	BA/Psychology	2 years 2 months
Sonya Chavez	8483	\$20.12517		\$20.12517	MSW	5 years 11 months

Check the associated box: ☐ Associate zone (73% to 82.2%): training and/or actively learning new skills and competencies.
☒ Independent zone (82.3% to 114.6%): functions successfully without close supervision.
☐ Principle zone (114.7% to 127.0%): demonstrates mastery of skills and competencies.

Section 4 - Administrative Leave

Select the appropriate option:

☒ Disciplinary (complete section 3 above and section 5 to provide justification for request) ☐ Non-disciplinary (complete section 5 below to provide justification for request)

1st request (disciplinary) - granted by agency	Begin Date:	<input type="text"/>	End date - in the amount of 160 hours:	<input type="text"/>
2nd request (disciplinary) - requires SPO approval	Begin Date:	<input type="text"/>	End date - in the amount of 160 hours:	<input type="text"/>
3rd request (disciplinary) - requires SPO approval	Begin Date:	<input type="text"/>	End date - in the amount of 160 hours:	<input type="text"/>
4th request (disciplinary) - requires SPO approval	Begin Date:	<input type="text"/>	End date - in the amount of 160 hours:	<input type="text"/>



New Mexico State Personnel Office
Personnel Action Request Form

Section 5 - Agency Justification and Signatures

Requesting Manager/Supervisor
recommendation (must be
completed):

The minimum qualifications for this position are a Bachelor's Degree in Social Work, Education, Counseling, Psychology, Sociology, Criminal Justice or Family Services from an accredited college/university and two (2) years of any combination of experience including working with communities on health or social service related matters, social work/case management experience, behavioral health and/or health care.

Eight (8) candidates were referred for this position: One (1) candidate failed to appear for scheduled interview, one (1) candidate was unreachable, one (1) candidate declined interview, one (1) candidate was interviewed and not selected, and one (1) candidate, Jenay Vigil, was selected for hire.

Jenay Vigil obtained her Bachelor's Degree in Integrated Studies with an emphasis in Psychology from NNMC in May 2013. She also obtained her Associates Degree in Social Science in Human Services from NNMC in May 2012. Ms. Vigil was hired as a CPS Permanency Planning Case Worker in the Rio Arriba County PSD office in September of 2013 where she is responsible for coordinating assessments and safety plans for children in CYFD custody. Prior to her CYFD employment, Ms. Vigil worked with the Los Alamos National Laboratory providing administrative support assistance. Ms. Vigil also completed an internship with the Espanola PSD office in 2012. She interviewed well and her references were good.

Based on this candidate's education and experience, it is anticipated that she will perform the duties of this job in the Independent Zone.

This position is funded with a combination of federal funds (Title IV-E; Title IV-B; Title IV-D & Title XIX) and general fund based upon the results of the quarterly random moment sample.

Requesting Manager/Supervisor
signature:

Print name:

Jared Rounsville, PSD Director

Date:

11/18/15

Preparer signature:

Print name:

Trish Ortiz, HR Coordinator

Date:

11/18/15



New Mexico State Personnel Office
Personnel Action Request Form

Human Resources (HR)
recommendation (must be
completed):

Jenay Vigil exceeds the minimum qualifications with a Bachelor's Degree in Psychology and over two (2) years of directly related experience. She is an excellent candidate and should easily transition into this position. Based on Ms. Vigil's education and experience it is anticipated that she will become fully competent as a CPS Investigation Case Worker and will perform in the Independent Zone. A compa ratio of .866 is warranted.

HR Manager signature:

Print Name:

Date:

Annette Larkin
Annette Larkin, HR Manager

12/7/15

Agency Budget/CFO/ASD Director
signature:

Print name:

Date:

Annette Romero

Annette Romero, ASD Deputy Director

12/8/15

Cabinet Secretary/Agency Head
Signature:

Print name:

Date:

Monique Jacobson

Monique Jacobson, Cabinet Secretary

12/7/15



NEW MEXICO STATE PERSONNEL OFFICE
invites applications for the position of:

CPS Investigation Case Worker (CYFD #73221)

SALARY: \$15.28 - \$26.59 Hourly
\$31,782.40 - \$55,307.20 Annually

OPENING DATE: 04/23/15

CLOSING DATE: Continuous

DEPARTMENT: Children, Youth & Families Dpt

LOCATION: Espanola

JOB DESCRIPTION:

IMPORTANT NOTICE:

Attached resumes will not be reviewed or considered. You are required to include your work experience in the Work Experience section of your application. If you have previously included work history on a resume you must transfer your work history into the Work Experience section prior to submitting your application. For more information please visit our website: [Employment with the State of New Mexico](#)

Purpose of Position:

This position will investigate child abuse referrals, assess the risk and safety of the child and take appropriate action, provide testimony in court, and prepare cases for transfer to CPS Permanency Planning.

***THIS POSTING WILL BE USED TO CONDUCT ONGOING RECRUITMENT AND WILL
REMAIN OPEN UNTIL ALL POSITIONS HAVE BEEN FILLED.***

THIS JOB POSTING MAY BE USED TO FILL MULTIPLE VACANCIES.

This position is a Pay Band 65.

CLASSIFICATION DESCRIPTION:

CPS Investigation Case Worker

MINIMUM QUALIFICATIONS:

Bachelor's Degree in Social Work, Education, Counseling, Psychology, Sociology, Criminal Justice or Family Studies from an accredited college/university and two (2) years of any combination of experience including working with communities on health or social service related matters, social work/case management experience, behavioral health and/or health care.

Employment Requirements:

Must possess and maintain a valid New Mexico Driver's License and have own mode of transportation. Pre-employment background investigation is required and is conditional pending results.

Statutory Requirements:

N/A

SUPPLEMENTAL INFORMATION:**Benefits:**

Do you know what Total Compensation is?

<http://www.spo.state.nm.us/total-compensation.aspx>**Working Conditions:**

Work is performed in an office setting: late hours, weekends, on-call and callback work may be required. Will be exposed to regular periods of video display terminal and keyboard usage and stressful situations. Travel is required. Possible exposure to irate clientele. Incumbent will work under stress and frequent time constraints. Incumbent will be required to furnish a personal vehicle for carrying out assignments which may include transporting clients including children

Conditions of Employment:

Working Conditions for individual positions in this classification will vary based on each agency's utilization, essential functions, and the recruitment needs at the time a vacancy is posted. All requirements are subject to possible modification to reasonably accommodate individuals with disabilities.

Default FLSA Status:

Non-Exempt.

Bargaining Unit:

This position is covered by a collective bargaining agreement and all terms/conditions of that agreement apply and must be adhered to.

Agency Contact Information:

Paula Dominguez, COM, (505) 753-7191.

Link to Agency:www.cyfd.org/**Applicant Help/How to Apply:**www.spo.state.nm.us/State_Employment.aspx

APPLICATIONS MAY BE FILED ONLINE AT:<http://www.spo.state.nm.us>

2600 Cerrillos Road
Santa Fe, NM 87505

Job #2015-01862
CPS INVESTIGATION CASE WORKER (CYFD
#73221)
AS

EMPLOYMENT APPLICATION		
NEW MEXICO STATE PERSONNEL OFFICE 2600 Cerrillos Road Santa Fe, New Mexico 87505 http://www.spo.state.nm.us		Received: 9/10/15 12:18 PM For Official Use Only: QUAL: _____ DNQ: _____ <input type="checkbox"/> Experience <input type="checkbox"/> Training <input type="checkbox"/> Other: _____
2015-01862 CPS INVESTIGATION CASE WORKER (CYFD #73221) Vigil, Jenay C		
PERSONAL INFORMATION		
POSITION TITLE: CPS INVESTIGATION CASE WORKER (CYFD #73221)		EXAM ID#: 2015-01862
NAME: (Last, First, Middle) Vigil, Jenay C		SOCIAL SECURITY NUMBER: N/A
ADDRESS: (Street, City, State, Zip Code)		
HOME PHONE:	ALTERNATE PHONE:	EMAIL ADDRESS:
DRIVER'S LICENSE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DRIVER'S LICENSE: State: NM Number:	LEGAL RIGHT TO WORK IN THE UNITED STATES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PREFERENCES		
PREFERRED SALARY:	ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Maybe	
WHAT TYPE OF JOB ARE YOU LOOKING FOR? Regular		
TYPES OF WORK YOU WILL ACCEPT: Full Time		
SHIFTS YOU WILL ACCEPT: Day, On Call (as needed)		
OBJECTIVE: To obtain a position in which I can advance my career in the Psychology Field.		
EDUCATION		
DATES: From: 8/2007 To: 5/2013	SCHOOL NAME: Northern New Mexico College	
LOCATION: (City, State) Española, New Mexico	DID YOU GRADUATE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED: Bachelor's
MAJOR: Psychology	UNITS COMPLETED:	
WORK EXPERIENCE		
DATES: From: 9/2013 To: Present	EMPLOYER: Children, Youth & Families Department	POSITION TITLE: Permanency Planning Worker
ADDRESS: (Street, City, State, Zip Code) 912 N. Railroad Ave., Espanola, New Mexico 87532		COMPANY URL:
PHONE NUMBER: 505-753-7191	SUPERVISOR: Jamie Martinez - Permanency Planning Supervisor	MAY WE CONTACT THIS EMPLOYER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK: 40	SALARY: \$2,500.00/month	# OF EMPLOYEES SUPERVISED:
DUTIES: Developing treatment plans specific to the family's needs Case management services for children being served by the Children, Youth, & Families Department Partnering with community providers to monitor case progress Working collaboratively with providers, foster and adoptive parents Conducting monthly foster home visits to assess for child stability Completing court reports and a Structured Decision Making tool prior to court hearings		
REASON FOR LEAVING: Still currently employed with the Department. I am wanting to explore and partake in new experiences.		
DATES: From: 6/2006 To: 9/2013	EMPLOYER: Los Alamos National Laboratory	POSITION TITLE: Undergraduate Student
ADDRESS: (Street, City, State, Zip Code) Los Alamos, New Mexico		COMPANY URL: int.lanl.gov

PHONE NUMBER: (505) 667-6087	SUPERVISOR: Fred Shelley - Group Leader	MAY WE CONTACT THIS EMPLOYER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK: 40	SALARY: \$2,956.80/month	# OF EMPLOYEES SUPERVISED:
DUTIES: Entering Computer Data Time/Effort Purchasing Filing Customer Service via telephone and email Knowledge of Microsoft Suites		
REASON FOR LEAVING: Wanting to obtain a position in which I can advance my career in the Psychology Field.		

CERTIFICATES AND LICENSES
Nothing Entered For This Section

SKILLS
OFFICE SKILLS: Typing:100 Data Entry:9000
OTHER SKILLS:
LANGUAGE(S):

ADDITIONAL INFORMATION
Volunteer Experience I did an internship at Children, Youth, & Family Department (CYFD) located in Espanola, New Mexico in 2012 for four and a half months.

REFERENCES		
REFERENCE TYPE: Professional	NAME: Monica Dowdy	POSITION: Administrator
ADDRESS: (Street, City, State, Zip Code)		
EMAIL ADDRESS:		PHONE NUMBER: (505) 667-2846
REFERENCE TYPE: Professional	NAME: Michiella Corlz	POSITION:
ADDRESS: (Street, City, State, Zip Code)		
EMAIL ADDRESS:		PHONE NUMBER: (505) 667-6087
REFERENCE TYPE: Professional	NAME: Jamie Martinez	POSITION: Permanency Planning Supervisor
ADDRESS: (Street, City, State, Zip Code)		
EMAIL ADDRESS:		PHONE NUMBER: (505) 753-7191

Interview @ 9:00 am

CERTIFICATE NO:
DATE ISSUED:

INTERVIEW DOCUMENTATION FORM

Instructions: Supervisor or interviewer complete by documenting efforts to contact applicant.

NAME OF APPLICANT: <u>Jenay C. Vigil</u>		CLASS TITLE: # <u>73221</u> <u>CPS Investigations Case Worker</u>		SUPERVISOR/INTERVIEWER: <u>Paula Dominguez</u>	
ACTIONS				RESULTS AND/OR COMMENTS	
COLUMN A ATTEMPT TO CONTACT FOR INTERVIEW				<p><u>message left</u> <u>Tried Both #'s listed</u></p> <p><u>Top Candidate. Current</u> <u>PPW with the Dept. for</u> <u>several years. Handles on</u> <u>call + investigation</u> <u>overflow.</u></p> <p><u>Extensive knowledge of the</u> <u>Dept. + job duties including</u> <u>conducting Inv. in RA + LA.</u></p>	
<input checked="" type="checkbox"/> BY PHONE		TIME CALLED: <u>9:26 am</u> DATE CALLED: <u>10/20/15</u>			
		TIME CALLED: DATE CALLED:			
		TIME CALLED: DATE CALLED:			
<input checked="" type="checkbox"/> BY MAIL OR TELEGRAM <u>Email sent 10/20/15</u>		DATE SENT:			
<input type="checkbox"/> REGISTERED MAIL					
<input type="checkbox"/> REGULAR MAIL					
<input type="checkbox"/> TELEGRAM					
COLUMN B RESPONSE FROM APPLICANT					
<input checked="" type="checkbox"/> BY PHONE		TIME: <u>9:00</u> <u>email</u> DATE: <u>10/29/15</u>			
<input type="checkbox"/> BY PERSON		TIME: <u>8:40</u> DATE: <u>10/21/15</u>			
<input type="checkbox"/> BY MAIL		DATE SENT:		RECEIVED:	
<input type="checkbox"/> BY TELEGRAM					
COLUMN C RESULT OF CONTACT					
<input type="checkbox"/> DECLINED-NO LONGER AVAILABLE					
<input type="checkbox"/> DOES NOT WISH TO WORK FOR THIS AGENCY					
<input type="checkbox"/> NOT AVAILABLE FOR GEOGRAPHIC LOCATION					
<input type="checkbox"/> DECLINED THIS POSITION ONLY					
TIME: DATE:					
COLUMN D RESULT OF SCHEDULED INTERVIEW					
<input type="checkbox"/> FAILED TO APPEAR					
<input checked="" type="checkbox"/> SELECTED					
<input type="checkbox"/> INTERVIEWED BUT NOT SELECTED					
SIGNATURE: _____				DATE: _____	
PERSONNEL OFFICER					
APPLICANTS NOTIFIED OF RESULT OF INTERVIEW:					
<input type="checkbox"/> BY MAIL				DATE SENT: _____	
<input type="checkbox"/> NOT NOTIFIED					
SIGNATURE: _____				DATE: <u>10/29/15</u>	
SUPERVISOR/INTERVIEWER					

State of New Mexico
CHILDREN, YOUTH and FAMILIES DEPARTMENT

SUSANA MARTINEZ
GOVERNOR

JOHN SANCHEZ
LIEUTENANT GOVERNOR



MONIQUE JACOBSON
CABINET SECRETARY

JENNIFER SAAVEDRA
DEPUTY CABINET SECRETARY

**APPLICANT REFERENCE CHECK
AUTHORIZATION AND RELEASE**

I, Jenay Martinez, wish to be considered for employment with the Children, Youth and Families Department (CYFD). I hereby authorize CYFD and its agents to inquire about and verify all statements contained in my employment application and to obtain information concerning my qualifications as a prospective employee. Further, I authorize CYFD to contact my current and each of my former employers and the references I have provided. I also authorize each to give CYFD any and all information concerning my previous employment and any pertinent information they may have regarding my work performance, whether such information is favorable or unfavorable to me. I hereby fully release all such persons and entities from all liability with respect to furnishing information to CYFD, and waive any claims I may have against them with respect to the release of such information. I also authorize CYFD to release such employment information as necessary to those employees and agents of CYFD who require such information to review or to make a decision with respect to any matter pertaining to my employment.

I acknowledge that I have read this authorization and release, fully understand it and voluntarily agree to its provisions.

Dated: 10-29-2015

Jenay Martinez
Applicant's Printed Name

Jenay Martinez
Applicant's Signature

State of New Mexico
CHILDREN, YOUTH and FAMILIES DEPARTMENT

SUSANA MARTINEZ
GOVERNOR

JOHN SANCHEZ
LIEUTENANT GOVERNOR



MONIQUE JACOBSON
CABINET SECRETARY

JENNIFER SAAVEDRA
DEPUTY CABINET SECRETARY

JOB OFFER LETTER

December 14, 2015

Dear: Jenay Martinez

As a follow up to our interview on October 29, 2015 I am formally offering you the position of Investigator effective December 19, 2015 with Protective Services within the Children, Youth & Families Department. This letter also serves to confirm the salary amount of \$18.15 hourly.

Please be advised that your position is considered Non-Exempt from the Fair Labor Standards Act. Additionally, your position is covered by the collective bargaining agreement (American Federation of State, County, and Municipal Employees – AFSME).

Please provide me with your decision on this offer no later than December 16, 2015 by 5:00 p.m. I look forward to you being part of our team at CYFD.

Sincerely,

A handwritten signature in cursive script, appearing to read "Paula Dominguez", with a long horizontal flourish extending to the right.

Paula Dominguez, COM
Protective Services

☒ Accept

☐ Decline

A handwritten signature in cursive script, appearing to read "Jenay Martinez", with a long horizontal flourish extending to the right.
Signature

12/14/2015
Date

PROTECTIVE SERVICES DIVISION
P.O. DRAWER 5160 • SANTA FE, N.M. • 87502
PHONE: (505) 827-8400 • FAX: (505) 827-8433

Jaramilla, May, CYFD

From: Jaramilla, May, CYFD
Sent: Tuesday, December 29, 2015 2:50 PM
To: Vigil, Jenay C, CYFD
Cc: Ortiz, Trish A. A., CYFD; Dominguez, Paula, CYFD
Subject: Congratulations on your Promotion
Attachments: ApplicationforMembership7_2012web.pdf; FLSA STATUS - NHO.DOC; FY15 State 1.1.15-6.30.15.pdf

Importance: High
Sensitivity: Personal

Flag Status: Completed

Good afternoon and congratulations on your promotion!

I've processed your promotion with the effective date of 12/19/15. Your SHARE employee ID number is: 339529.

I will review your paycheck, direct deposit and leave accruals on the next pay day to make sure you are paid correctly and I encourage you to do the same.

Please refer to your offer letter and hire packet for information regarding your FLSA (Fair Labor Standards Act) status and your union status and how they relate to your position.

Thank you and once again, congratulations!

May Jaramilla
HR Generalist
Children, Youth and Families Department
P.O. Drawer 5160
Santa Fe, NM 87502
Office: (505) 476-0452
Fax: (505) 827-8028
may.jaramilla@state.nm.us

Report suspected child abuse or neglect by calling **#SAFE (#7233)** from a cell phone or **1-855-333-SAFE**.

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CHILDREN, YOUTH & FAMILIES DEPARTMENT
PROTECTIVE SERVICES

DOCUMENTATION OF SELECTED CONDITIONS OF EMPLOYMENT
FOR CLIENT SERVICE AGENT
AND NON-LICENSED PROTECTIVE SERVICES POSITIONS

This form is intended to document specific conditions of employment that are requirements of certain jobs. These specific conditions are in addition to those conditions set forth in the job related qualification standards and position assignment questionnaire of the particular job and those conditions of employment which are universal for all state employees in general and employees of the Children, Youth and Families Department in particular. This form is not intended, therefore, to document all conditions of employment.

REQUIREMENT - VALID DRIVER'S LICENSE AND PERSONAL VEHICLE

I understand that it is a condition of my employment to possess and maintain a valid New Mexico Driver's License. Further, I understand that the Children, Youth & Families Department has insufficient state vehicles to meet its needs. Therefore, as a condition of employment, I will be required to furnish a personal vehicle for carrying out my assignments which may include transporting clients including children. I further understand that my personal vehicle and my operation of it must be in compliance with all applicable State of New Mexico statutes and regulations.

SIGNATURE

I am obligated to abide by the conditions listed above as long as I am employed in this position or laterally transfer or promote to position within Protective Services. I understand that the conditions of employment I have accepted are a requirement of this position. I further understand that failure to carry out the obligations set forth in the conditions of employment may be cause for disciplinary action, including dismissal.

SIGNATURE: _____

DATE: 12/14/2015

EMPLOYEE NAME (PRINT):

Teray Martinez

SOCIAL SECURITY NUMBER:

JOB WORK TITLE:

Investigator

ORG. UNIT/LOCATION:

CYED / Espanola, NM

ACKNOWLEDGEMENT OF FLSA STATUS

Employee Name: Jenay Vigil Martinez

Job Title: CPS Investigation Case Worker #73221

Please read and sign in the appropriate space below.

In accordance with the Fair Labor Standards Act, the FLSA status for your position has been determined by a comprehensive analysis of the specific job description and duties, and not determined by the job title. Should you feel your FLSA status has been incorrectly determined, you have the right to appeal this decision in writing to the CYFD/Employee Support Division, Deputy Director. A current Position Assignment Questionnaire (PAQ) must accompany an appeal, and include your signature as well as your supervisor's signature.

☐

FLSA Exempt Status – I understand that I am exempt from overtime pay.

Exempt status does not entitle you to any form of overtime compensation. However, Children, Youth, and Families Department has determined that employees who are exempt from the Fair Labor Standards Act shall receive compensatory time on a straight time basis for all authorized overtime work in excess of 80 hours during a pay period.

Signature _____ Date _____

☒

FLSA Non-Exempt Status – I understand that I am non-exempt, covered for overtime pay.

Non-exempt status entitles you to overtime compensation at a rate of not less than one and one-half times your regular rate of pay, for each authorized hour worked in a workweek in excess of 40 hours.

Signature Jenay Vigil Martinez Date 12/14/2015

For more information regarding compensation for overtime, please refer to the State Personnel Board Rule, NMAC 1.7.4.15 and Children, Youth, and Families Department Policies and Procedures, Part 4.4.

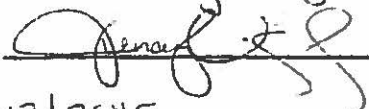
OCT 13 2015

CODE OF CONDUCT
Adopted April 25, 2011

ACKNOWLEDGMENT
(CLASSIFIED EMPLOYEES)

I, Jerry Vigil, acknowledge that I have received, reviewed, and understand the requirements contained within the Code of Conduct approved by Governor Susana Martinez on April 25, 2011. I agree to adhere to its terms and understand that violation of those terms constitutes cause for dismissal, demotion, or suspension.

Printed name: Jerry Vigil

Signature: 

Date: 10/13/2015

CHILDREN, YOUTH AND FAMILIES DEPARTMENT

2015 Acknowledgment of Receipt and Understanding

OCT 13 2015

PART I: Basic Information (Please Print)			
Employee Name: Jenay Vigil	Bureau:		Division:
Employee ID#: 339529			

PART II: Acknowledgment of Receipt and Understanding

All CYFD policies and procedures are located on the CYFD Intranet for my reference and are accessible to me. I certify that I have received a copy of the following policies. I understand that it is my responsibility to read and comply with the contents of these policies. I further understand that if I violate any CYFD policy, I am subject to discipline in accordance with CYFD policies, up to and including dismissal.

- CYFD, HRA, Part 2.1, General Working Conditions, Code of Conduct, dated October 5, 2011
- CYFD, HRA, Part 7, Employment Practices, Respect in the Workplace
- CYFD, HRA, Part 10, Internet Access and E-Mail Usage
- CYFD, HRA, Part 12, Domestic Violence and the Workplace

PART III: Employee Signature	
Employee Signature 	Date 10/13/15

Work Location Job Information Job Labor Payroll Salary Plan Compensation

Jenay Vigil

EMP

ID: 339529

Empl Rcd #: 0

Compensation

Find First 1 of 4 Last

Effective Date: 01/03/2015

Effective Sequence: 0

Job Indicator: Primary Job

Action / Reason: Pay Rt Chg

In-Pay Band Adjustment

Current

Compensation Rate:

1,262.77 USD

Frequency:

B

Biweekly

▼ Comparative Information

Change Amount:

60.131840 USD Biweekly

Compa-Ratio:

0.83

Change Percent:

5.000

Job Ratio:

68.37

▼ Pay Rates

Hourly

15.784601 USD

Monthly

2,735.997507 USD

Biweekly

1,262.768080 USD

Annual

32,831.970080 USD

Default Pay Components

Pay Components

Personalize | Find First 1 of 1 Last

Amounts Controls Changes Conversion

Rate Code	Seq	Comp Rate	Currency	Frequency	Percent
1 NAHRLY	0	15.784601 USD	USD	H	

Calculate Compensation

Job DataEmployment DataEarnings DistributionBenefits Program Participation

Save

Return to Search

Notify

Previous tab

Next tab

Refresh

Update/Display

Include History

Work Location | Job Information | Job Labor | Payroll | Salary Plan | Compensation

Vigil, Terese, CYFD

From: Marcelli, Michael A., DFA
Sent: Friday, January 09, 2015 5:26 PM
To: Quintana, Helen T., CYFD; Vigil, Terese, CYFD
Cc: Fitting, Lisa M, CYFD
Subject: RE: CYFD In Pay Bands for Protective Services & Juvenile Justice Employees (1 of 2 Submissions)

Sensitivity: Personal
Flag Status: Completed

You have DFA approval, please work with SPO on HCM approvals.

Thanks,

Michael

*Received
Verbal approval
from SPO 1/14/15
[Signature]*

From: Quintana, Helen T., CYFD
Sent: Friday, January 09, 2015 3:32 PM
To: Marcelli, Michael A., DFA; Vigil, Terese, CYFD
Cc: Fitting, Lisa M, CYFD
Subject: RE: CYFD In Pay Bands for Protective Services & Juvenile Justice Employees (1 of 2 Submissions)

Yes! thank you!

Helen Quintana

Chief of Staff
Office of the Secretary
1120 Paseo de Peralta Suite 572
Santa Fe, NM 87502
(505) 827-7602
Helen.Quintana@state.nm.us

Report suspected child abuse or neglect by calling #SAFE (#7233) from a cell phone or 1-855-333-SAFE.

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From: Marcelli, Michael A., DFA
Sent: Friday, January 09, 2015 3:30 PM
To: Vigil, Terese, CYFD
Cc: Quintana, Helen T., CYFD; Fitting, Lisa M, CYFD
Subject: RE: CYFD In Pay Bands for Protective Services & Juvenile Justice Employees (1 of 2 Submissions)

All these positions will be covered by the \$838.OK?

5 Statewide Central Intake Supervisors
10 Statewide Central Intake Workers
1 Soc & Hum Sv Asst-B (Client Service Agent)
35 Soc & Hum Sv Asst-O (Client Service Agent)
1 Soc & Hum Sv Asst-S (Client Service Agent Supervisor)
1 Soc/Com Sv Coord-S (NW Regional Placement Supervisor)
1 Soc/Com Sv Coord-B (Recruitment Specialist)
21 Admin/Ops Manager II (County Office Manager)

Total In Pay Band Requests for Protective Services: 394

Please note that the In Pay Band requests for Juvenile Justice employees will be forthcoming. I thank you for your time and consideration of this request. Should you have any questions or require additional information, please feel free to contact me directly.

Thank you,
Terese

Terese Vigil
HR Manager
Children, Youth and Families Department
P.O. Drawer 5160
Santa Fe, NM 87502
Office (505) 827-7945
Cell (505) 490-2444
Fax (505) 827-8028
terese.vigil@state.nm.us

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New Mexico State Personnel Office
Personnel Action Request Form

Current	Proposed
Classification: <input type="text" value="See attached spreadsheet"/>	Classification: <input type="text"/>
Pay Band: <input type="text" value="See attached spreadsheet"/>	Pay Band: <input type="text"/>
Position Number: <input type="text" value="See attached spreadsheet"/>	Position Number: <input type="text"/>
Hourly salary: <input type="text" value="See attached spreadsheet"/>	Hourly Salary: <input type="text" value="See attached spreadsheet"/>
Compa-Ratio (%): <input type="text" value="See attached spreadsheet"/>	Compa-Ratio (%): <input type="text" value="See attached spreadsheet"/>
Dollar amount of increase/decrease: <input type="text" value="See attached spreadsheet"/>	Proposed percent of increase/decrease: <input type="text" value="See attached spreadsheet"/>
Multiple components of pay (MCOP): <input type="checkbox"/> MLNG <input type="checkbox"/> SUPV <input type="checkbox"/> TPI <input type="checkbox"/> TREC <input type="checkbox"/> TSI <input type="checkbox"/> TRET	
Dollar amount of MCOP: <input type="text"/>	Percent of MCOP: <input type="text"/>

Employee Signature:

If this action results in a salary reduction, I hereby agree as identified above.

Internal comparison: list employees in the same classification to whom this employee should be compared. ☐ Additional Comparisons Attached

Name:	Position Number:	Hourly:	MCOP:	Total Salary:	Education:	# of years related experience:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Check the associated box: ☐ Associate zone (73% to 82.2%): training and/or actively learning new skills and competencies.
☐ Independent zone (82.3% to 114.6%): functions successfully without close supervision.
☐ Principle zone (114.7% to 127.0%): demonstrates mastery of skills and competencies.

Section 4 - Administrative Leave

Select the appropriate option:

- ☐ Disciplinary (complete section 3 above and section 5 to provide justification for request) ☒ Non-disciplinary (complete section 5 below to provide justification for request)

1st request (disciplinary) - granted by agency	Begin Date:	<input type="text"/>	End date - in the amount of 160 hours:	<input type="text"/>
2nd request (disciplinary) - requires SPO approval	Begin Date:	<input type="text"/>	End date - in the amount of 160 hours:	<input type="text"/>
3rd request (disciplinary) - requires SPO approval	Begin Date:	<input type="text"/>	End date - in the amount of 160 hours:	<input type="text"/>
4th request (disciplinary) - requires SPO approval	Begin Date:	<input type="text"/>	End date - in the amount of 160 hours:	<input type="text"/>



New Mexico State Personnel Office
Personnel Action Request Form

Print name:

Annette Romero, AS Deputy Director

Date:

12/11/14

Cabinet Secretary/Agency Head
Signature:

Monique Jacobson for:

Print name:

Monique Jacobson, Cabinet Secretary-Designate

Date:

1/8/15

JJS took this approach to address historical turnover issues and reduce compaction as a result of the implementation of a hiring salary matrix (as opposed to previous hiring practice of an entry salary of \$12.15 regardless of education and experience).

In Protective Services, we used the approved hiring matrix to identify any caseworker staff who was below midpoint of the salary range. Those staff below midpoint were compared to the matrix and recommended to receive up to 5% increase based on where they should be compensated using the PS matrix. PS used the same methodology when increasing County Office Managers and the Client Service Agents.

We appreciate your consideration and approval of this plan as we anticipate this will have a positive impact on our retention strategies.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Monique Jacobson for:", is written over the typed name.

Monique Jacobson
Cabinet Secretary-Designate

PERSONNEL ACTION REQUEST EMPLOYEE SUPPORT SERVICES

Children, Youth & Families Department

CYFD
NEW MEXICO

For Agency Use Only: SMART

PAR # (s): _____

Analyst: Annette

Revised 09/28/2006

Date Rec'd ESS



Effective Date of Action: 9-13-2014 10/23/14

Section 1 - Employee/Position Information

Employee Name		National ID (SSN)		Employee ID		Work Schedule	
Jenay C. Vigil				339529		M-F 8 - 5	
Current TOG or Manager Group Title	Current Job Class Code	Current Working Title		Current Pay Band	Current Pny Rate	Current Compa Ratio	
CPS Perm. Plan Case Wkr.	G10246	CPS PERM PLAN WKR		60	14.595100	1.770	
Current Department Number	Current Perm #	Current Org Level	Current Location	Current Position Status	Current Sort Code		
5040010000	8470	G	ESPANOLA	PERM	5105		
New TOG or Manager Group Title	New Job Class Code	New Working Title		New Pay Band	New Pay Rate	New Compa Ratio	
					15.032953	1.793	
New Department Number	New Perm #	New Org Level	New Location	New Position Status	New Sort Code		

Section 2 - Type of Action Requested for Employee or Position

Employee

- ☐ Hire (Retiree Reemployment? Yes ___ No ___)
☐ In-Grade Hire
☐ Promotion
☐ Class Reduction
☐ Transfer: From _____ To: _____
☐ Resignation
☐ Retirement
☒ Other (Please specify in "Remarks")

Position

- ☐ Re-Advertise Position/Request Employment List
☐ Create Position
☐ Delete Position
☐ Transfer Position
☐ Location Change
☐ Tool Number Change
☐ Reclassify Position (Include PAQ)
☐ Other (Please specify in "Remarks")

Remarks: Final EE for FY15 // Please process 3% / Prob. Comp 9.9.14

Section 3 - Requestor and Authorization

Supervisor Name & Signature <u>Jamie Martinez</u>	Telephone Number 753-7191	Title PERM PLAN SUPV	Date <u>10/23/14</u>
Middle Manager Review Name & Signature <u>Paula Dominguez</u>	Telephone Number 753-7191	Title County Office Manager	Date <u>10/23/14</u>
Division Review & Signature <u>Trish Ortiz</u>	Telephone Number 827-8452	Title HR Coordinator	Date <u>10/23/14</u>
Employee Support Representative Review & Signature <u>[Signature]</u>	Approval to proceed with request: NO YES <input checked="" type="checkbox"/>		Date: <u>10/23/14</u>

Employee Support Services Use Only

FLSA Status: ___ Exempt ___ Non-Exempt		Bargaining Unit Eligible? ___ Yes ___ No (Send copy to Labor Relations Rep.)	
Benefits Elig? ___ Yes ___ No		Retiree ReEmployment? ___ Yes ___ No	
Action	Reason	Date	Initials
<u>Entered</u>		<u>10.24.14</u>	<u>MP</u>
Remarks: <u>Chained</u>			
Action	Reason	Date	Initials
Copy to Payroll/Benefits?		Retro Pay Required: ___ Yes ___ No	
Date:		Retro Start Date: _____	

CODE OF CONDUCT
Adopted April 25, 2011

ACKNOWLEDGMENT
(CLASSIFIED EMPLOYEES)

I, Teray Vigil, acknowledge that I have received, reviewed, and understand the requirements contained within the Code of Conduct approved by Governor Susana Martinez on April 25, 2011. I agree to adhere to its terms and understand that violation of those terms constitutes cause for dismissal, demotion, or suspension.

Printed name: Teray Vigil

Signature: 

Date: 7/17/14



CHILDREN, YOUTH & FAMILIES DEPARTMENT

ADMINISTRATIVE SERVICES

POLICIES AND PROCEDURES

VEHICLE USE ACKNOWLEDGEMENT

Effective Date: June 27, 2014

P&P #: 3.26

Overview: CYFD maintains an expectation that employees conduct themselves in a professional manner that preserves the public trust. This expectation extends to the use of state vehicles in the course of official agency business. Employees are required to adhere to established policies by the NM State General Services Department, Transportation Services Division, and the CYFD Vehicle Use Policies and Procedures.

Employee Acknowledgement

I have reviewed and understand the CYFD Vehicle Use Policies and Procedures #3.26 approved on April 10, 2012, and agree to abide by these policies and procedures. I have been given the opportunity to ask questions about any part of the policy that I do not understand. I furthermore understand that CYFD may delegate to me the authority to utilize state vehicle(s) on its behalf, for official business of the State of New Mexico, locally, out of town, or out of state, as designated by the CYFD Cabinet Secretary in the policies and procedures. Given that authority, I agree to accept responsibility for the proper use of the state vehicle entrusted to me solely for legal, authorized and eligible purposes, as defined by applicable federal, state and local laws and regulations in addition to CYFD policies and procedures. I understand that violation of these policies and procedures may be cause for discipline, up to and including dismissal.

Jenay Vigil
Employee Name Printed

Date 7/17/14 SHARE Employee ID No. 339509

Jenay Vigil
Employee Signature

Date 7/17/14

**Department of Information Technology
Mobile Device Security and Usage Policy**

ACKNOWLEDGMENT

I, Terrell Craig, acknowledge that I have received, reviewed, and understand the requirements contained within the Mobile Device Security and Usage Policy issued by the Department of Information Technology on May 2, 2014. I have had the opportunity to ask questions about any part of the policy I did not understand. I agree to adhere to its terms and understand that violation of those terms constitutes cause for discipline, up to and including dismissal.

Printed Name: Terrell Craig

Signature: [Handwritten Signature] Date: 7/17/14

Acknowledgment of Receipt and Understanding

Instructions: Employee— Complete form and submit to your supervisor. Read the policy.
Supervisor—Make sure the form is complete and forward to your Division Administrator.
Division Administrator—Forward the completed form to ESS for inclusion in personnel file.

PART I: Basic Information (Please Print)

Employee Name:

Bureau:

Division:

Employee ID#

PART II: Acknowledgment of Receipt and Understanding

I certify that I have received a copy of the following policy. I understand that it is my responsibility to read and comply with the contents of this document. I further understand that if I violate this policy, I am subject to discipline in accordance with CYFD policies, up to and including dismissal.

- CYFD, HRA, Part 2.1, General Working Conditions, **Code of Conduct**.

PART III: Employee Signature

Employee Signature

Date

PART IV: Comments

Acknowledgment of Respect Training

I, acknowledge that on September 16, 2013 (date), I attended Respect Training at the State of New Mexico, Children, Youth and Families Department. I understand that:

1. I have the responsibility to engage in behaviors that are respectful and professional.
2. I have a responsibility to maintain the workplace free of harassing, discriminating, sexually harassing or retaliatory behavior. Therefore, if I see any such behavior I have an obligation to stop it and report the behavior to my chain of command or Employee Support immediately.
3. I know the Department policy on harassing, discriminating, sexually harassing, and retaliatory behavior and how to report prohibited behavior.
4. It is my obligation to discuss CYFD's expectations of employee behavior and the procedure for reporting violations with my fellow employees.
5. If I see or am told of or experience harassing, discriminating, sexually harassing, and retaliatory behavior, I will document the complaint and report the situation according to reporting procedure immediately.
6. I will cooperate in any investigation of harassing, discriminating, sexually harassing, and retaliatory behavior.
7. I will assure that anyone involved in making a harassing, discriminating, sexually harassing, and retaliatory behavior complaint is not subjected to retaliation and that I will report any retaliatory behavior to Employee Support promptly.

Tenau Vigil
Printed Name

Tenau Vigil
Signature

9/16/2013
Date

**PERSONNEL ACTION REQUEST
EMPLOYEE SUPPORT SERVICES**

CYFD

For Agency Use Only: SMART

PAR # (s): Copy tocket

Analyst: Stella

Revised 09/28/2006

Date Rec'd-ESS



Effective Date of Action: 9/9/13

Employee Name Jenay C. Vigil		National ID (SSN)		Employee ID 337529	Work Schedule M-F 8 TO 5	
Current TOG or Manager Group Title CPS Perm. Plan. Case Wkr.	Current Job Class Code G10246	Current Working Title CPS Perm. Plan. Case Wkr		Current Pay Band 60	Current Pay Rate 14.170	Current Compa Ratio .767
Current Department Number 5040010000	Current Perm # 8470	Current Org Level G	Current Location Espanola	Current Position Status PERM	Current Sort Code 5105	
New TOG or Manager Group Title	New Job Class Code	New Working Title		New Pay Band	New Pay Rate	New Compa Ratio
New Department Number	New Perm #	New Org Level	New Location	New Position Status	New Sort Code	

Employee

- ☐ Hire (Retiree Reemployment? Yes ___ No ___)
☒ In-Grade Hire
☐ Promotion
☐ Class Reduction
☐ Transfer: From ___ To: ___
☐ Resignation
☐ Retirement
☐ Other (Please specify in "Remarks")

Position

- ☐ Advertise Position/Request Employment List
☐ Create Position
☐ Delete Position
☐ Transfer Position
☐ Location Change
☐ Tool Number Change
☐ Reclassify Position (Include in "Remarks")
☐ Other (Please specify in "Remarks")



Remarks:

Supervisor Name & Signature Polly Arzola		Telephone Number 505-753-7191	Title CPS Perm. Plan. Sup.	Date 8-8-13
Middle Manager Review Name & Signature Paula Dominguez		Telephone Number 505-753-7191	Title COM	Date 8-8-13
Division Review & Signature Trish Ortiz		Telephone Number 505-827-8452	Title HR Coordinator	Date 9/9/13
Employee Support Representative Review & Signature [Signature]		Approval to proceed with request: NO ___ YES <input checked="" type="checkbox"/> Date: 9/10/13		
Employee Support Services Use Only				
FLSA Status: ___ Exempt ___ Non-Exempt	Bargaining Unit Eligible? <input checked="" type="checkbox"/> Yes ___ No (Send copy to Labor Relations Rep.)			
Benefits Elig? Yes ___ No ___	Retiree Re-Employment? <input checked="" type="checkbox"/> Yes ___ No			
Action	Reason	Date	Initials	Remarks:
Action	Reason	Date	Initials	Copy to Payroll/Benefits? ___ Retro Pay Required: ___ Yes ___ No
Date:				Retro Start Date: ___

Ortiz, Trish A. A., CYFD

From: Sweeney, Stella, CYFD
Sent: Thursday, August 22, 2013 9:56 AM
To: Ortiz, Trish A. A., CYFD
Subject: Appr_Vigil Jenay_InGrade_8470
Attachments: Background Investigation Approved - PSD - CPS Perm Plan Case Worker - PErn#30977

Hi Trish,

The In-Grade hire for Jenay Vigil has been approved with an hourly rate of \$14.17 for position# 8470;

The packet is now ready for the PAR and is on the in-box shelf ready for pick up. Please let me know the effective date on this hire transaction.

Thank you,

Stella M. Sweeney, HR Generalist

Children Youth and Families Department

Human Resources

P.O. Drawer 5160

Santa Fe, NM 87502

(505) 476-0532

(505) 827-8028 - Fax

stella.sweeney@state.nm.us

ESS HELP DESK: (505) 827-3998

ESS E-MAIL: ESS.Helpdesk@state.nm.us

Confidentiality Notice: This e-mail, including all attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited unless specifically provided for under the New Mexico Inspection of Public Records Act. If you are not the intended recipient, please contact the sender and destroy all copies of this message.

Report suspected CHILD ABUSE or NEGLECT by calling #SAFE (#7233) from a cell phone or 1-855-333-SAFE

SPO Use Only

Date logged _____

Date agency notified _____

New Mexico State Personnel Board
In Grade Hire

Section 1: AGENCY INFORMATION (to be completed by Agency Personnel)

Business Unit Name and Code: CYFD Protective Services (690-50)		
HR contact: Stella Sweeney	HR tel number: 505 476-0532	HR e-mail address: Stella.Sweeney@state.nm.us
Requested by supervisor/manager: Paula Dominguez		Tel number: 505-753-7191
EMPLOYEE: Jenay Vigil	SSN: _____	Employee ID: _____
Classification: CPS Perm Plan Case Worker	Pay Band 60	Bargaining Unit Covered Position: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Position #: 8470	OL#: 5040010000	Effective date: 9/9/13
Hourly salary: \$ 14.17	Annual salary: \$ 29473.60	Compa-ratio: .767

Proficiency Zone

- ☒ Associate Zone (training/learning job): to 81.4%
☐ Independent Zone (fully competent in job): 81.5-115.0%
☐ Principal Zone (contribution significantly beyond the norm in job): 115.1% & above

Entrance Salary, Subsection A of 1.7.4.12 NMAC

A. Upon entrance to a classified position, a newly-appointed employee's salary, subject to budget availability, should reflect appropriate placement within the pay band. Any entrance salary in the principal contributor zone must receive approval from the director prior to appointment.

DEFINITIONS, Subsection C of 1.7.4.7 NMAC

C. "Appropriate placement" means those elements to be considered in determining pay upon hire, promotion, transfer or reduction including the employee's education, experience, training, certification, licensure, internal pay equity, budgetary availability and, when known and applicable, employee performance.

Compa-ratio means pay expressed as a percentage of the midpoint of a pay band.
 (To calculate divide hourly salary by the midpoint of the pay band)

Section 2: RATIONALE FOR THE SALARY PROPOSED (to be completed by Agency Personnel)

Minimum Qualifications:	Candidate's Qualifications:
Education: Bachelor's Degree in Social Work, Education, Counseling, Psychology, Sociology, Criminal Justice, or Family Services from an accredited college/university.	Education: Bachelor's Degree in Integrated Studies with emphasis on Psychology, Northern NM College, May 2013
Experience: None.	Experience: Years <u>0</u> Months <u> </u>
	Supervision: Years <u> </u> Months <u> </u>
	Management: Years <u> </u> Months <u> </u>
Licensure: Valid New Mexico Driver's License	Licensure: _____

Please describe how the candidate's education/experience relative to the established Job Related Qualification Standards (at full competence/midpoint level, 100% compa-ratio) supports the compa-ratio and proficiency zone being proposed. In Grade Hire pay analysis targets pay based upon *anticipated* performance. The goal is to determine the appropriate pay, relative to midpoint, based upon the anticipated performance level of the candidate's education, experience and other selection criteria.

The minimum qualifications for this position are Bachelor's Degree in Social Work, Education, Counseling, Psychology, Sociology, Criminal Justice, or Family Services from an accredited college/university and no experience.

Jenay Vigil obtained her Bachelor's Degree in Integrated Studies with an emphasis in Psychology from NNMC in May 2013. She also obtained her Associates Degree in Social Science in Human Services from NNMC in May 2012. Prior employment history was with the Los Alamos National Laboratory. In this position she provide various administrative assistance, decisions in all areas of delegated authority, ensure timely, responsive, transparent and efficient group office operations. Leads or contributes to special projects, interact with various levels of Laboratory staff, documents use of all office equipment. Ms Vigil also has experience in data entry, confidentiality of records and requests, logging and tracking requests through completion.

Based on this candidate's education and experience, it is anticipated that she will perform the duties of this job in the Independent Zone.

Section 3: REQUIRED SIGNATURES (to be signed by the requesting supervisor/manager)

Supervisor/Manager (Print Name): Paula Dominguez, COM	Date:
PSD Director Jared Rounsville <i>Jared Rounsville</i>	8/13/13
ASD Director: Renada Peery-Galon (see attached pre-approved MFD)	Date:

Section 4: INTERNAL COMPARISON (to be completed by Agency Human Resources)

Internal Comparison: List the employees in the same Classification to whom this employee should be compared.

	Name(s)	Hourly Salary	TRD (if applicable)	Total Salary	Education	# years related experience
Candidate	Jenay C. Vigil	\$14.170		\$14.170	BA in Integrated Studies with emphasis on Psychology	0
Employee	Cayla Sanderson	\$14.170		\$14.170	BA in Criminal Justice	6 mos.
Employee	Vanessa Sandoval	\$15.210		\$15.210	BA/Education	2 yrs

Section 5: REQUIRED DOCUMENTATION/VERIFICATION (to be completed by Agency Human Resources)

Yes	No	Required Documentation
X		Is a copy of the Job Related Qualification Standards/Job Order Form attached?
X		Is a copy of the candidate's application/resume attached?

Section 6: HUMAN RESOURCE RECOMMENDATION (to be completed by Agency Human Resources)

Provide details as to why you recommend approval of this action. If you have an alternate recommendation, please indicate below:

The proposed salary is based on candidate's education, experience and the PS Salary Matrix. It is anticipated that she will become fully competent as a CPS Permanency Planning Case Worker and will perform in the associate zone; therefore, a .767 compa-ratio is warranted.

HR Manager (Print Name):

Terese Vigil

HR Manager Signature:

Date:

☒ Approval

☐ Approval of alternate salary of \$ _____ Compa/ratio _____

☐ Disapproval

For State Personnel Office Use ONLY

Reviewed by:

Date:

Approved by:

Date:

Notes (as needed)

*Comp. w/ Rel. Deg. (Back)
-\$14.17*

Objective

To obtain a position as a CPS Permanency Planning Case Worker that enables me to use my education, knowledge, skills and abilities while assisting families in Northern New Mexico.

Experience

Administrative Assistant Los Alamos National Laboratory 2006-Present

- Provided administrative assistance to AOT-IC
- Responsible for making a variety of decisions in all areas of delegated authority
- Ensure timely, responsive, transparent and efficient group office operations
- Lead or contribute to special projects assigned to the group office as well as providing administrative assistance to management and staff regarding policies and procedures of the Laboratory.
- Interact with various levels of Laboratory staff, such as: division management, group leaders, team leaders, staff members, HR generalist and staff, property administrators
- Document management/tracking, use of all office equipment, answering phones incoming and outgoing faxes, photocopying and filing
- Process domestic and foreign travel

Office Aid Southwest Document Services Inc. 2005-2006

- Data Entry
- Confidentiality of records and requests
- Filing
- Logging and tracking requests through completion
- Customer service

Skills

Computer Based Skills:

- | | |
|--------------------|-------------------------------------|
| ◆ Adobe Acrobat | ◆ Quick mastery packages/data bases |
| ◆ Microsoft Office | ◆ Power Point |

Interpersonal Skills:

- | | |
|-----------------------|---------------------------------------|
| ◆ Customer Orientated | ◆ Confidential and Discreet Mannerism |
| ◆ Self-Motivated | ◆ Court and Legal Office experience |

Education

2013 *Northern New Mexico College* *Espanola, NM*

Bachelors Degree in Integrated Studies with an emphasis in Psychology (GPA 3.2)

2012 *Northern New Mexico College* *Espanola, NM*

Associates Degree in Social Sciences in Human Services (GPA 3.2)

2007 *Pojoaque Valley High School* *Pojoaque, NM*

Diploma

References

Monica Dowdy Los Alamos National Laboratory 505-667-2846

Michiella Coriz Los Alamos National Laboratory 505-667-6087

Jean Trujillo Los Alamos National Laboratory 505-665-2683

Protective Services Division
Matrix for In-Grade Hires
Protective Services Classifications
Effective 11/24/12 (Revised 3/01/13)

Experience						
Education	0-1Year	1-2 Years	2-4 Years	4-6 Years	6-10 Years	10+ Years
LISW or Ph.D in Related Field	60 - \$16.83 65 - \$18.58 70 - \$20.71	60 - \$17.18 65 - \$18.97 70 - \$21.15	60 - \$17.71 65 - \$19.56 70 - \$21.80	60 - \$18.60 65 - \$20.54 70 - \$22.89 75 - \$24.03	60 - \$19.48 65 - \$21.52 70 - \$23.98 75 - \$25.12	60 - \$20.37+ 65 - \$22.40+ 70 - \$24.87+ 75 - \$26.37+
LMSW or Licensed Masters	60 - \$16.47 65 - \$18.19 70 - \$20.28	60 - \$16.83 65 - \$18.58 70 - \$20.71	60 - \$17.18 65 - \$18.97 70 - \$21.15	60 - \$17.71 65 - \$19.56 70 - \$21.80 75 - \$22.89	60 - \$18.60 65 - \$20.54 70 - \$22.89 75 - \$24.03	60 - \$19.48+ 65 - \$21.52+ 70 - \$23.98+ 75 - \$25.12+
LBSW or MSW (Non-Licensed)	60 - \$15.94 65 - \$17.60 70 - \$19.62	60 - \$16.47 65 - \$18.19 70 - \$20.28	60 - \$16.83 65 - \$18.58 70 - \$20.71	60 - \$17.18 65 - \$18.97 70 - \$21.15 75 - \$21.80	60 - \$17.71 65 - \$19.56 70 - \$21.80 75 - \$22.89	60 - \$18.60+ 65 - \$20.54+ 70 - \$22.89+ 75 - \$24.03+
Related Degree (Lic. or Masters) or BSW (Non-Licensed)	60 - \$15.06 65 - \$16.63 70 - \$18.53	60 - \$15.94 65 - \$17.60 70 - \$19.62	60 - \$16.47 65 - \$18.19 70 - \$20.28	60 - \$16.83 65 - \$18.58 70 - \$20.71	60 - \$17.18 65 - \$18.97 70 - \$21.15	60 - \$17.71+ 65 - \$19.56+ 70 - \$21.80+
Related Degree – Bachelor's Level	60 - \$14.17 65 - \$15.65	60 - \$15.06 65 - \$16.63	60 - \$15.94 65 - \$17.60 70 - \$19.62	60 - \$16.47 65 - \$18.19 70 - \$20.28	60 - \$16.83 65 - \$18.58 70 - \$20.71	60 - \$17.18+ 65 - \$18.97+ 70 - \$21.15+

Please note that Protective Services work is always counted as full credit and other relevant experience (social work, guidance and counseling, psychology, domestic violence, juvenile probation, mental health, community based services, and teaching/education) will be counted as full credit if **experience is a minimum requirement for the position**. If no experience is required, related experience will be counted at half/credit. Experience in community/center child care and foster parenting is counted at half credit for all PS worker positions.

State of New Mexico
CHILDREN, YOUTH AND FAMILIES DEPARTMENT

SUSANA MARTINEZ
GOVERNOR

JOHN SANCHEZ
LIEUTENANT GOVERNOR



YOLANDA BERUMEN-DEINES
CABINET SECRETARY

JENNIFER PADGET
DEPUTY CABINET SECRETARY

**APPLICANT REFERENCE CHECK
AUTHORIZATION AND RELEASE**

I, Jenny Cassandra Vigil, wish to be considered for employment with the Children, Youth and Families Department (CYFD). I hereby authorize CYFD and its agents to inquire about and verify all statements contained in my employment application and to obtain information concerning my qualifications as a prospective employee. Further, I authorize CYFD to contact each of my former employers and the references I have provided. I also authorize each of my former employers and references to give CYFD any and all information concerning my previous employment and any pertinent information they may have regarding my work performance, whether such information is favorable or unfavorable to me. I hereby fully release all such persons and entities from all liability with respect to furnishing information to CYFD, and waive any claims I may have against them with respect to the release of such information. I also authorize CYFD to release such employment information as necessary to those employees and agents of CYFD who require such information to review or to make a decision with respect to any matter pertaining to my employment.

I acknowledge that I have read this authorization and release, fully understand it and voluntarily agree to its provisions.

Dated: July 31, 2013

Jenny C. Vigil
Applicant's Printed Name


Jenny C. Vigil
Applicant's Signature

CERTIFICATE NO:

DATE ISSUED:

INTERVIEW DOCUMENT FORM

INSTRUCTIONS: Supervisor or interviewer completes by documenting efforts to contact applicant.

NAME OF APPLICANT: Jenay C. Vigil		CLASS TITLE: CPS Perm. Plan. Wkr 8470		SUPERVISOR/INTERVIEWER: Polly Arzola	
ACTIONS				RESULTS AND/OR COMMENTS	
COLUMN A ATTEMPT TO CONTACT FOR INTERVIEW <input checked="" type="checkbox"/> BY PHONE <input type="checkbox"/> BY MAIL OR TELEGRAM <input type="checkbox"/> REGISTERED MAIL <input type="checkbox"/> REGULAR MAIL <input type="checkbox"/> TELEGRAM				I interviewed well. Has knowledge / experience with CFTO.	
TIME CALLED: 11:34 AM		DATE CALLED: 7/17/13			
TIME CALLED:		DATE CALLED:			
TIME CALLED:		DATE CALLED:			
DATE SENT:					
COLUMN B RESPONSE FROM APPLICANT <input checked="" type="checkbox"/> BY PHONE <input type="checkbox"/> BY PERSON <input type="checkbox"/> BY MAIL <input type="checkbox"/> BY TELEGRAM					
COLUMN C RESULT OF CONTACT <input type="checkbox"/> DECLINED-NO LONGER AVAILABLE <input type="checkbox"/> DOES NOT WISH TO WORK FOR THIS AGENCY <input type="checkbox"/> NOT AVAILABLE FOR GEOGRAPHIC LOCATION <input type="checkbox"/> DECLINED THIS POSITION ONLY					
TIME:		DATE:			
COLUMN D RESULT OF SCHEDULED INTERVIEW <input type="checkbox"/> FAILED TO APPEAR <input checked="" type="checkbox"/> SELECTED <input type="checkbox"/> INTERVIEWED BUT NOT SELECTED SIGNATURE: _____ PERSONNEL OFFICER DATE					
APPLICANTS NOTIFIED OF RESULT OF INTERVIEW: <input type="checkbox"/> BY MAIL DATE SENT: <input type="checkbox"/> NOT NOTIFIED _____					
SIGNATURE:  _____ SUPERVISOR/INTERVIEWER DATE					

NOTICE OF VACANT POSITION



Job Title: CPS PERMANENCY PLANNING CASE WORKER - Position #8470
Requisition #: 2013-02556
Posting Dates: 6-03-13 to 6-17-13
Location: Espanola
Full/Part Time: Full-Time
Regular/Temp: Reg/Perm

Salary: The salary range for this position is \$13.30 min to \$23.64 max hourly (pay band 60). Offered salary is determined based on education and experience.

Agency Mission & Description: CYFD believes in the strengths and resiliency of families who are our partners and for whom we advocate to enhance their safety and well-being. We respectfully serve and support children and families and supervise youth in a responsive community-based system of care that is client-centered, family-focused, and culturally competent.

Purpose of Position: Incumbent will coordinate assessments and permanency plans for children in CYFD custody to promote child safety, permanency and well being.

Minimum Requirements: Bachelor's Degree in Social Work, Education, Counseling, Psychology, Sociology, Criminal Justice, or Family Services from an accredited college/university. **If you have indicated in your application that you have an education higher than a high school diploma or GED, you must attach a copy of your unofficial transcript to the application and they must include a degree award date. Your application WILL NOT be considered for further review if you have failed to provide this information.**

Employment Requirements: Must possess and maintain a valid or NM drivers license and have own mode of transportation for work-related travel. Pre-employment background investigation is required, and some statewide travel is required. This position is covered by a collective bargaining agreement and all terms/conditions of that agreement apply and must be adhered to.

Working Environment: Work is performed in an office setting with exposure to Visual/Video Display Terminal (VDT) and extensive personal computer and phone usage. Possible exposure to irate clientele. Incumbent will work under stress and frequent time constraints.

Agency Contact: Paula Dominguez, COM, (505) 753-7191

You must go to the SPO website under Employment/Job Opportunities to apply for this position.



PERSONAL DATA SHEET

NAME (Last, First, Middle Initial)			
Vigil, Jerry C			
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER	
ADDRESS			
CITY	STATE	ZIP	COUNTY

PHONE NUMBER/TYPE (check preferred)		E-MAIL ADDRESS/TYPE (check preferred)	
EDUCATIONAL LEVEL		MARITAL STATUS	
<input type="checkbox"/> Less than HS Grad <input type="checkbox"/> Some Grad School <input type="checkbox"/> HS Grad or Equivalent <input type="checkbox"/> Master's Degree <input type="checkbox"/> Some College <input type="checkbox"/> Doctorate (Academic) <input type="checkbox"/> Technical School <input type="checkbox"/> Doctorate (Prof) <input type="checkbox"/> 2 Year College <input checked="" type="checkbox"/> Bachelor's Degree		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced AS OF DATE: _____	
MILITARY STATUS		ETHNICITY (please specify)	
<input checked="" type="checkbox"/> No Military Service <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Active Reserve <input type="checkbox"/> Special Disabled Vietnam Veteran <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Veteran (VA Ineligible) <input type="checkbox"/> Retired Military <input type="checkbox"/> Veteran of the Vietnam ERA			

EMERGENCY CONTACT INFORMATION

NAME	Joel M. Vigil
ADDRESS	
PHONE NUMBER(S)	
RELATIONSHIP	Father

ACKNOWLEDGEMENT OF FLSA STATUS

Employee Name: Jenay Vigil

Job Title: CPS Perm Plan Case Worker #8470

Please read and sign in the appropriate space below.

In accordance with the Fair Labor Standards Act, the FLSA status for your position has been determined by a comprehensive analysis of the specific job description and duties, and not determined by the job title. Should you feel your FLSA status has been incorrectly determined, you have the right to appeal this decision in writing to the CYFD/Employee Support Division, Deputy Director. A current Position Assignment Questionnaire (PAQ) must accompany an appeal, and include your signature as well as your supervisor's signature.

☐

FLSA Exempt Status – I understand that I am exempt from overtime pay.

Exempt status does not entitle you to any form of overtime compensation. However, Children, Youth, and Families Department has determined that employees who are exempt from the Fair Labor Standards Act shall receive compensatory time on a straight time basis for all authorized overtime work in excess of 80 hours during a pay period.

Signature _____ Date _____

☒

FLSA Non-Exempt Status – I understand that I am non-exempt, covered for overtime pay.

Non-exempt status entitles you to overtime compensation at a rate of not less than one and one-half times your regular rate of pay, for each authorized hour worked in a workweek in excess of 40 hours.

Signature Jenay Vigil Date 8/27/2013

For more information regarding compensation for overtime, please refer to the State Personnel Board Rule, NMAC 1.7.4.15 and Children, Youth, and Families Department Policies and Procedures, Part 4.4.

CHILDREN, YOUTH & FAMILIES DEPARTMENT
PROTECTIVE SERVICES

DOCUMENTATION OF SELECTED CONDITIONS OF EMPLOYMENT
FOR CLIENT SERVICE AGENT
AND NON-LICENSED PROTECTIVE SERVICES POSITIONS

This form is intended to document specific conditions of employment that are requirements of certain jobs. These specific conditions are in addition to those conditions set forth in the job related qualification standards and position assignment questionnaire of the particular job and those conditions of employment which are universal for all state employees in general and employees of the Children, Youth and Families Department in particular. This form is not intended, therefore, to document all conditions of employment.

REQUIREMENT TO USE A PERSONAL VEHICLE

I understand that the Children, Youth & Families Department has insufficient state vehicles to meet its needs. Therefore, as a condition of employment, I will be required to furnish a personal vehicle for carrying out my assignments which may include transporting clients including children. I further understand that my personal vehicle and my operation of it must be in compliance with all applicable State of New Mexico statutes and regulations.

SIGNATURE

I am obligated to abide by the conditions listed above as long as I am employed in this position or laterally transfer or promote to position within Protective Services. I understand that the conditions of employment I have accepted are a requirement of this position. I further understand that failure to carry out the obligations set forth in the conditions of employment may be cause for disciplinary action, including dismissal.

SIGNATURE: Jenay Vigil

DATE: 8/27/2013

EMPLOYEE NAME (PRINT):

Jenay Vigil

SOCIAL SECURITY NUMBER:

JOB WORK TITLE:

Permanency Planning Case Worker

ORG. UNIT/LOCATION:

Acknowledgment of Receipt and Understanding

Instructions: Employee—Complete form and submit to your supervisor. Read the policy.
Supervisor—Make sure the form is complete and forward to your Division Administrator.
Division Administrator—Forward the completed form to ESS for inclusion in personnel file.

PART I: Basic Information (Please Print)

Employee Name:

Jenay C. Vigil

Bureau:

Division:

Employee ID#

PART II: Acknowledgment of Receipt and Understanding

All CYFD policies and procedures are located on the CYFD Intranet for my reference and are accessible to me. I certify that I have received a copy of the following policies. I understand that it is my responsibility to read and comply with the contents of this document. I further understand that if I violate any CYFD policy, I am subject to discipline in accordance with CYFD policies, up to and including dismissal.

- CYFD, HRA, Part 2.1, General Working Conditions, **Code of Conduct**, dated October 5, 2011
- CYFD, HRA, Part 7.6, Employment Practices, Respect in the Workplace
- CYFD, HRA, Part 10, Internet Access and E-Mail Usage
- CYFD, HRA, Part 12, Domestic Violence and the Workplace
- 1.12.10 NMAC Internet, Intranet, Email, and Digital Network Usage
- CYFD Emergency Evacuation Plan for: _____

PART III: Employee Signature

Employee Signature

Jenay C. Vigil

Date

09/03/2013

PART IV: Comments

ACKNOWLEDGMENT OF CONDITIONS OF APPOINTMENT

Employee Name: Jenny Vigil
Job Title: Permanency Planning Worker

State Personnel Board Rule 1.7.2 NMAC requires that all employees at the time of appointment, acknowledge their understanding of the terms and conditions of their appointment. Listed below are the type of appointments that can be made for new employees into state government. Please place an X next to the appropriate type of appointment and have the new employee read and sign in the appropriate spaces.



PROBATIONARY APPOINTMENT - I understand that I have been hired into a career position and that I must serve a one year probationary period. I also understand that during this one year probationary period I can be demoted, suspended or dismissed effective immediately with written notice and without right of appeal to the State Personnel Board.

Signature

Jenny Vigil

Date 10/30/2013



CAREER APPOINTMENT - I understand that I have been hired into a career position and that I have already served a one year probationary period. I also realize that a career appointment is recognized as permanent.

Signature _____

Date _____



TEMPORARY APPOINTMENT - I understand that the appointment I have accepted is temporary in nature. I further understand that though the agency will, whenever possible, give me two weeks notice prior to my release. I may be released at any time that my services are no longer required effective immediately without right of appeal to the State Personnel Board.

Signature _____

Date _____



TERM APPOINTMENT - I understand that the appointment I have accepted is a term appointment funded for a specific period of time. I further understand that my appointment will be expired if the funding for the position is not continued. A term appointment may be expired with at least 14 days written notice, and release due to termination of funding and is not appealable to the State Personnel Board.

CODE OF CONDUCT
Adopted April 25, 2011

ACKNOWLEDGMENT
(CLASSIFIED EMPLOYEES)

I, Terry Vigil, acknowledge that I have received, reviewed, and understand the requirements contained within the Code of Conduct approved by Governor Susana Martinez on April 25, 2011. I agree to adhere to its terms and understand that violation of those terms constitutes cause for dismissal, demotion, or suspension.

Printed name: Terry Vigil

Signature: Terry Vigil

Date: 10/30/2013